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GENERAL INFORMATION

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GENERAL INFORMATION

INTRODUCTION

The Virginia State/Local Hospitalization Program (SLH) is an indigent health care program designed to provide basic health care to indigent citizens of the Commonwealth. The program is funded through state and local appropriations and is administered by the Department of Medical Assistance Services (DMAS).

The *State/Local Hospitalization Program Manual* describes the role of the provider in the Virginia SLH Program. To provide a better understanding of the Program, this manual explains SLH rules, regulations, procedures, and reimbursement, and contains information to assist the provider in answering inquiries from SLH recipients.

The manual can also be an effective training tool for provider administrative personnel, since it conveys basic information regarding the SLH Program, covered and non-covered services, and billing procedures. Proper use of the manual will result in a reduction of errors in claim filing and, consequently, will facilitate accurate and timely payment.

SOURCES OF INFORMATION

Division of Program Operations

The Division of Program Operations within DMAS provides administration of the State/Local Hospitalization Program. However, other divisions of DMAS provide daily operational support to the State/Local Hospitalization Program.

HELPLINE

A toll-free "HELPLINE" is available to assist providers in interpreting State/Local Hospitalization Program policy and procedures and in resolving problems with individual claims. If assistance is needed with interpreting provider policy or procedure or in claims resolution, call the DMAS Provider HELPLINE number:

786-6273	Richmond Area
1-800-852-6080	All Other Areas
1-800-552-8627	

The HELPLINE is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on State holidays.

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For all provider inquiries (both written and via the HELPLINE), provide the seven-digit Virginia SLH provider number. All provider information and data are filed by provider number. This number will expedite recovery of the requested information.

The Provider HELPLINE is for provider use only, and this number must not be given to clients.

Local departments of social services are responsible for providing information to clients. Clients who have questions about eligibility must call their local social services departments, or if the questions relate to paid claims, call the DMAS Client HELPLINE at 1-804-786-6145.

UPDATES

This manual is designed to accommodate new pages as further interpretations of the law and changes in policy and procedures are made. Accordingly, DMAS will issue revised pages or sections as needed.

An update transmittal memorandum will accompany updates to this manual. These updates will have sequential identification numbers assigned, e.g., SLH 9-98. The transmittal memorandum identifies the new page number(s) to be added and/or the page(s) to be replaced, and will provide any other pertinent information regarding the update being made.

To be an effective tool, the manual must be properly maintained. Updates should be promptly filed, according to the following procedures:

An Update Control Log has been provided in the back of this manual. When an update package is received, put the updated pages in the appropriate place in the manual. Enter the release date next to the appropriate transmittal number on the log. The release date is the date of issue by DMAS. File the transmittal letter immediately after the Update Control Log. If the Update Control Log indicates missing transmittals, contact DMAS through the HELPLINE number. (See the section titled "Sources of Information.")

PROGRAM BACKGROUND—LEGAL BASIS

The SLH Program was established in 1946 to provide hospitalization to medically indigent persons. Until revised by the General Assembly in 1989, the program was administered by cities and counties which elected to offer the program. Those localities offering the program could receive state matching funds for a portion of the program expenditures.

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In 1989, the General Assembly amended the <u>Code of Virginia</u> to create §32.1-343 through §32.1-350 (current) to transfer administration of the SLH Program to DMAS. At the same time, major changes were legislated in entitlement, eligibility, and covered services. Effective July 1, 1989, participation in SLH is mandatory for all cities and counties, and eligibility requirements and covered services are uniform statewide. The program will continue to be administered from a combination of state and local funds.

The 1996 General Assembly amended the SLH Program allocation and payment method to eliminate unnecessary local social services department, provider, and State administrative requirements. The legislation was also needed to implement a change in the SLH reimbursement system effective July 1, 1996.

GENERAL SCOPE OF THE PROGRAM

SLH funds access to medically necessary services or procedures for eligible recipients.

Covered Services

The SLH Program provides the following services:

- Acute care inpatient hospital services (excluding rehabilitation and freestanding psychiatric hospitals);
- Acute care outpatient hospital services;
- Ambulatory surgical services; and
- Department of Health clinic services.

General Exclusions

Payment cannot be made under the SLH Program for certain items and services. Examples of such non-covered services are:

- Abortions, except when the life or health of the mother is substantially endangered;
- Acupuncture;
- Artificial insemination or in-vitro fertilization:

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- Autopsy examinations;
- Cosmetic surgery;
- Court-ordered medical examinations and care (including psychiatric and psychological exam);
- Courtesy calls—visits in which no identifiable medical service was rendered;
- Custodial care;
- Dental services;
- Domestic services;
- Experimental medical or surgical procedures;
- Fertility services—Services to promote fertility are not covered. However, if there is a disease of the reproductive system that requires treatment to maintain overall health, the needed procedures will be covered;
- Free services (Services provided free to the general public cannot be billed to SLH; this exclusion does not apply where items and services are furnished to an indigent individual without charge because of his or her inability to pay, if the provider, physician, or supplier bills other patients to the extent that they are able to pay.);
- Items or services covered under a Workers' Compensation law or other payment sources;
- Interpreter services for recipients who are deaf or hard of hearing;
- Medical care provided in free-standing psychiatric hospitals;
- Medical care provided by mail or telephone;
- Medications;
- Personal comfort items;

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- Physician's professional fees and services;
- Preventive medical care (The following services are specifically excluded from coverage under this category: such as routine physicals and immunizations, preschool examinations, camp physicals, and work permit examinations.);
- Procedures prohibited by state or federal statute or regulations;
- Prostheses;
- Rehabilitative services:
- Routine foot care:
- Services determined not to be reasonable and/or medically necessary;
- Sterilizations when the patient is under age 18 or legally incompetent;
- Transsexual surgery;
- Unkept or broken appointments; and
- Unoccupied institutional beds.

The Virginia SLH Program will not reimburse a provider for non-covered services. Prior to the provision of a non-covered SLH service, the provider must inform the recipient that he or she will be billed for the non-covered service.

NOTICE OF PROVIDER RESPONSIBILITY

The provider must read and adhere to the policies and procedures set forth in this manual and ensure that all employees do likewise. The provider also certifies by his or her personal signature or the signature of an authorized agent on each invoice that all information provided to the Department of Medical Assistance Services is true, accurate, and complete. Satisfaction and payment of any claim will be from state funds, and any provider who submits false claims, statements, or documents may be prosecuted under applicable state laws.

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CITY/COUNTY CODES

(The Three-Digit Numerical Identifier of the Local Social Services/Welfare Agency Currently Handling the Case)

COUNTIES

CODE	COUNTY	CODE	COUNTY	CODE	COUNTY
001	Accomack	065	Fluvanna	131	Northampton
003	Albemarle	067	Franklin	133	Northumberland
005	Alleghany	069	Frederick	135	Nottoway
007	Amelia	071	Giles	137	Orange
009	Amherst	073	Gloucester	139	Page
011	Appomattox	075	Goochland	141	Patrick
013	Arlington	077	Grayson	143	Pittsylvania
015	Augusta	079	Greene	145	Powhatan
017	Bath	081	Greensville	147	Prince Edward
019	Bedford	083	Halifax	149	Prince George
021	Bland	085	Hanover	153	Prince William
023	Botetourt	087	Henrico	155	Pulaski
025	Brunswick	089	Henry	157	Rappahannock
027	Buchanan	091	Highland	159	Richmond
029	Buckingham	093	Isle of Wight	161	Roanoke
031	Campbell	095	James City	163	Rockbridge Area
033	Caroline	097	King and Queen	165	Rockingham
035	Carroll	099	King George	167	Russell
036	Charles City	101	King William	177	Spotsylvania
037	Charlotte	103	Lancaster	179	Stafford
041	Chesterfield	105	Lee	181	Surry
043	Clarke	107	Loudoun	183	Sussex

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CODE	COUNTY	CODE	COUNTY	CODE	COUNTY
045	Craig	109	Louisa	185	Tazewell
047	Culpeper	111	Lunenburg	187	Warren
049	Cumberland	113	Madison	191	Washington
051	Dickenson	115	Mathews	193	Westmoreland
053	Dinwiddie	117	Mecklenburg	195	Wise
057	Essex	119	Middlesex	197	Wythe
059	Fairfax	121	Montgomery	199	York-Poquoson
061	Fauquier	125	Nelson		
063	Floyd	127	New Kent		

CITIES

CODE	CITY	CODE	CITY	CODE	COUNTY
510	Alexandria	670	Hopewell	750	Radford
520	Bristol	680	Lynchburg	760	Richmond
540	Charlottesville	683	Manassas	770	Roanoke
550	Chesapeake	685	Manassas Park	800	Suffolk
560	Clifton Forge	700	Newport News	810	Virginia Beach
590	Danville	710	Norfolk	820	Waynesboro
620	Franklin	720	Norton	830	Williamsburg
640	Galax	730	Petersburg	840	Winchester
650	Hampton	740	Portsmouth		